

APPOINTMENT OF A CAMPAIGN TREASURER BY A SPECIFIC-PURPOSE COMMITTEE **5498** **FORM STA PG 1**

See STA INSTRUCTION GUIDE for detailed instructions. 1 Total pages filed:
2

2 COMMITTEE NAME **Citizens for Central Texas Health** **OFFICEUSE ONLY**

3 COMMITTEE ADDRESS **P. O. Box 28096 Austin Tx 78755** Date Received **JAN - 9 PM 2:23**

4 CAMPAIGN TREASURER NAME **Mr. Edward B. Adams** Receipt #

5 CAMPAIGN TREASURER STREET ADDRESS (Residence or business) **7308 Valburn Dr. Austin Tx 78731** HD/PM Amount
Date Processed
Date Processed

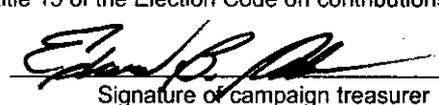
6 MAILING ADDRESS same as above

7 CAMPAIGN TREASURER PHONE **(512) 345-4118**

8 PERSON APPOINTING TREASURER **Clarke Heidrick**

9 SIGNATURE

I understand that I have been appointed as the campaign treasurer for this specific-purpose committee and that I am responsible for filing all required reports and that I may be subject to fines for failure to do so. I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.


Signature of campaign treasurer

10 ASSISTANT CAMPAIGN TREASURER (see instructions) **NA**

11 ASSISTANT CAMPAIGN TREASURER ADDRESS

12 ASSISTANT CAMPAIGN TREASURER PHONE **()**

GO TO PAGE 2

**SPECIFIC-PURPOSE COMMITTEE:
PURPOSE AND MODIFIED REPORTING DECLARATION**

**FORM STA
PG 2**

13 COMMITTEE NAME
Citizens for Central Texas Health

14 COMMITTEE PURPOSE	Support election for creation of a hospital district.	OFFICE USE ONLY
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<input type="checkbox"/> SUPPORT CANDIDATE <input type="checkbox"/> OPPOSE CANDIDATE <input type="checkbox"/> ASSIST OFFICEHOLDER	CANDIDATE / OFFICEHOLDER NAME
	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

<input checked="" type="checkbox"/> SUPPORT MEASURE <input type="checkbox"/> OPPOSE MEASURE	BALLOT IDENTIFICATION OF MEASURE / #	ELECTION DATE Month / Day / Year 05 / 15 / 04
	DESCRIPTION Creation of a hospital district	

15 MODIFIED REPORTING DECLARATION

COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING.

****This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ****

****The modified reporting declaration is valid for one election cycle only. ****
(An election cycle includes a primary election, a general election, and any related runoffs.)

The committee does not intend to accept more than \$500 in political contributions or make more than \$500 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. The committee understands that if either one of those limits is exceeded, the committee's campaign treasurer will be required to file pre-election reports and, if necessary, a runoff report.

 Year of election(s) or election cycle to which declaration applies

 Signature of campaign treasurer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

This appointment is effective on the date it is filed with the appropriate filing authority.